

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/042176

APPLICANT(S)

FILING DATE
09-14-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
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TOTAL IND.	3					
TOTAL DEP.	14	↓	↓	↓	↓	↓
TOTAL CLAIMS	17	[QR]	[QR]	[QR]	[QR]	[QR]

BEST AVAILABLE COPY